PATENT	APPLICATION	FEE	DETER	MINATION	RECORD
	Effective i	Vove	mber 10	. 1998	

Application or Docket Number

390954

CLAIMS AS FILED - PART I (Column 1) (Column 2)					.	SMALL TYPE	Mall entity other than type or small entity							
FC	R NUMBER FILED NUMBER EXTRA				RATE	FEE		RATE	F	EE				
ВА	SIC FEE		0,							380.00	380.00 OR 760.			0.00
то	TAL CLAIMS			minus	20= *		•		X\$ 9=		OR	X\$18=		
	EPENDENT CL		<u> </u>		3 = *				X39=		OR	OR X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=					
* If the difference in column 1 is less than zero, enter "0" in column 2					Įį.	TOTAL		OR	TOTAL	7				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER TH SMALL ENTITY OR SMALL ENT							
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		HI NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
MON	Total	*		Minus	##		=		X\$ 9=	ļ	OR	X\$18=		
AME	Independent	*	NI OF MI	Minus	***	NIT OL AUA	=		X39=		OR	X78=		
	FIRST PRESE	NIAIIC	ON OF MU	JLTIPLE DEF	PENDE	NI CLAIM			+130=		OR	+260=		
								<u>.</u>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATIC	N OF MI	Minus	***	NT CLAIRA	=		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=		OR	+260=				
								A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	[25.2]		umn 1) AIMS			lumn 2) GHEST	(Column 3)	1 _						
AMENDMENT C		REM. AF	AINING TER IDMENT	o e e e	NL PRE	JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	ODI- ONAL EE
NON	Total	#		Minus	##		=		X\$ 9=		OR	X\$18=		
ARA	Independent	*		Minus	***		=	╽┟	X39=			X78=		
	FIRST PRESE	NTATIC	N OF MU	ILTIPLE DEF	PENDE	NT CLAIM					OR			
* 1	f the entry in colur	nn 1 is la	ess than th	e entry in colu	mn 2 w	rite "O" in col	umn 3		+130=		OR	+260=		
**	f the "Highest Nur If the "Highest Nur The "Highest Num	mber Pre mber Pre	eviously Pa eviously Pa	id For" IN THIS lid For" IN THIS	S SPACI S SPAC	E is less thai E is less tha	n 20, enter "20." n 3, enter "3."	\sim	TOTAL DDIT. FEE			TOTAL ADDIT. FEE		

The form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	390954
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Total Fee Calculation

			- CHICHITIO	Ц		
	Fee Cade	Total # Claims	Number Extra X	Fe:	Fe: •	· .
e Basic Filing Fee	Sm./Lg. 201/101			Sa. Eatity	Lg. Eatin	Total
Total Claims >20	203/103	-20 =	x			. <u>760.</u> °°
Ladepeadeat Claims >] Mult Dep Claim Present	202/102 204/104	; -	x		-	
Surcharge	205/105				-	130.00
English Translation	139		-			<u></u>
Fees due upon filing th	•		·		-	
Total Filing Fees Due =	= s <u>690</u>			• •		
Less Filing Fees Submi	med -s					
BALANCE DUE	= s <u>890</u>) 00				•
Office of Initial Paterile	xamination	_	•			
FORM OFF	•	•	>-			

FORM OPE-RAM-01 (Rev. 12/97)